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		s are required to respond to a collection of information unit	ess if displays a valid OMB control number  Docket Number (Optional)
• , •	PETITION FOR EXTENSION OF	TIME UNDER 37 CFR 1.136(a)	1-25467
	OE JOBA	In re Application of JOHN ROBERT SIDD	LE
	6 mas Es	Application Number 09/890,413	Filed 7/30/2001
	For IMPROVEMENTS IN COATING GLASS		
	PATENT & TREE	Group Art Unit	Examiner S. VerSteeg
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
	The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
	One month (37 CFR 1.17(a)(1))		
	Two months (37 CFR 1.17(a)(2)) \$		
<b>、</b> . •	X Three months (37 CFR 1.17		\$ <u>930.00</u> \$
	Four months (37 CFR 1.17(a		\$'
.\$,	Five months (37 CFR 1.17(a)(5))  Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown		
•	above is reduced by one-half, and the resulting fee is: \$  X A check in the amount of the fee is enclosed.		
	Payment by credit card. Form PT	•	
	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  The Commissioner is hereby authorized to charge any fees which may be required, or credit any overnament to Deposit Account Number 13–1816		
	Hrave enclosed a duplicate copy of a lam the applicant/inventor	o <del>r tals snee</del> t.	RECEIVED
	assignee of record of th	e entire interest. See 37 CFR 3.71.	ጀኮለ 1 8 ኒնս3
	X attorney or agent of rec	7 CFR 3.73(b) is enclosed. (Form PTO/SEcord.	
•	attorney or agent unde	·	00X1 9UOR9
٠	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
	April 11, 2003	Ud	
	Date	Signa	ture
04/17/2003 DELMANU1 00000075 09890413 MARK A. HIXON			
01 FC:1253	930.00 OP	Typed	or printed name
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
	Total offorms are submitte	d.	
			<del></del>